

## **CURRENT, PAST, or ANTICIPATED WAGE VERIFICATION BHSF Employer**

### **Purpose:**

The **BHSF Employer** form is used to request current, past, or anticipated wages and health insurance coverage information for applicants whenever the client cannot provide sufficient verification.

### **Preparation:**

This form is prepared as an original.

Complete the "To" section with the name and address of the employer.

Leave the "From" section blank.

Enter the date completed, applicant's name, and Social Security Number.

Leave the space for the Case ID#, blank.

It is **not** necessary for the Application Center to complete any information below the applicant's signature.

### **Disposition:**

Forward the completed original **BHSF Employer** form daily to the appropriate Medicaid Office after submission of the *Electronic Medicaid Application*.